

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-037353

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No.

336

Primary Registration District No.

4493

Registrar's No.

FILED OCT 1 1962

## 1. PLACE OF DEATH

a. COUNTY

Shannon

b. CITY (If outside corporate limits, give TOWNSHIP only)

Birch Tree

Length of stay in lb

## 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Mo.

b. COUNTY

Shannon

c. CITY

Birch Tree

Inside Limits

Yes ☒ No ☐

c. FULL NAME OF (If NOT in hospital, give location)

HOSPITAL OR

INSTITUTION

Home

Inside Limits

Yes ☒ No ☐

d. STREET

ADDRESS

(If outside, give location)

Reside on Farm

Yes ☐ No ☒

## 3. NAME OF DECEASED

(Type or print)

First

Austin

Middle

McCall

Last

4. DATE

OF

DEATH

Month

September

Day

24

Year

1962

## 5. SEX

M.

## 6. COLOR OR RACE

W.

## 7. Married

Widowed ☐

## 8. DATE OF BIRTH

4/29/1878

## 9. AGE (last birthday)

84

## 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Saw Mill Work

## 10b. KIND OF BUSINESS OR INDUSTRY

West Plains, Mo.

## 12. CITIZEN OF WHAT COUNTRY

USA

## 13a. FATHER'S NAME

Robert McCall

## 13b. MOTHER'S MAIDEN NAME

Parthenia Lawson

## 14. NAME OF HUSBAND OR WIFE

Bea McCall

## 15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

No

## 16. SOCIAL SECURITY NO.

## 17. INFORMANT

Bea Mc Call

Birch Tree, Mo.

Address

## 18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:

### IMMEDIATE CAUSE (a)

*Carcinoma of Right Lung*

## INTERVAL BETWEEN ONSET AND DEATH

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

### DUE TO (b)

### DUE TO (c)

## PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

## PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

## 19. WAS AUTOPSY PERFORMED?

YES ☐ NO ☒

## 20a. ACCIDENT

☐

## SUICIDE

☐

## HOMICIDE

☐

## 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

## 20c. TIME OF INJURY

Hour

a.m.

Month, Day, Year

p.m.

## 20d. INJURY OCCURRED WHILE AT WORK

☐

NOT WHILE AT WORK ☐

## 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

## 20f. CITY, TOWN, OR LOCATION

## COUNTY

## STATE

## 21. I attended the deceased from

*Aug. 30, 1962*

to *Sept. 24, 1962*

and last saw her

*Sept. 24, 1962*

Death occurred at

on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

(Degree or title)

## 22b. ADDRESS

## 22c. DATE SIGNED

## 23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

## 23b. DATE

9/27/1962

## 23c. NAME OF CEMETERY OR CREMATORY

Oak Forest Cemetery

## 23d. LOCATION (City, town, or county)

Birch Tree, Missouri

## (State)

## 24. FUNERAL DIRECTOR

## ADDRESS

Duncan Funeral Home Mtn. View, Mo.

## 25. DATE RECD. BY LOCAL REG.

9-30-1962

## 26. REGISTRAR'S SIGNATURE

*Michael R. Green*

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF:

VS 300  
Rev. 4/59

1/010

2/010

3

4 0

5 1

6

7 0

8 2

9/63X

10

11

12 90-2

13 1-0

To Doctor: 10: A.M... 9/28/62

Rec'd from Dr: 4:45 P.M. 9/28/62

To Local Reg. 5:00 P.M. 9/28/62

79AL 97 150

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Joe E. Duman

Licensed Embalmer No. 4325

P. O. Address Wm. H. H. Co.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

Basil Permet record